

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41584

State File No. _____

FILED JAN 4 1951

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5821 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SIKESTON R # 3</u>		d. STREET ADDRESS (If rural, give location) <u>SIKESTON R.F.D. # 3</u>	
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>PROCTOR</u> c. (Last) <u>VAN ARSDALE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-50</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-25-1872</u>
9. AGE (In years last birthday) <u>78</u>		10. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (State or foreign country) <u>Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN WESLEY VAN ARSDALE</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA M. FARLANE</u>	
14. NAME OF HUSBAND OR WIFE <u>CORRINE VAN ARSDALE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>M P Van Arsdale Jr</u>		ADDRESS <u>Siikeston Mo R.F.D. # 3</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Chronic Cardiovascular Renal Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis (General)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Prostatitis Hypertrophy with partial obstruction</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1930</u> to <u>12-19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-18</u> , 19 <u>50</u> and that death occurred at <u>2:40</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Harold C. McClure M.D.</u>		23b. ADDRESS <u>Siikeston Mo</u>	
23c. DATE SIGNED <u>12-19-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>12/20/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>RIDGE PARK</u>		24d. LOCATION (City, town, or county) (State) <u>MARSHALL MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-24-50</u>		REGISTRAR'S SIGNATURE <u>Helen Lou Jones</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home</u>		ADDRESS <u>Siikeston Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 2 1951

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Raymond Lewis

Signed _____

Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Leicester Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.